



STATE OF ARIZONA
Department of Homeland Security

2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

PLEASE FILL OUT THE SUBGRANTEE AND PROJECT TITLE BLANKS ONLY

Grant #:

Applicant:

Gila County Sheriff's Office

Project Title:

Gila County Payson Sub-Station Communication Project

The following document(s) have been completed and submitted with the application.

Check if Completed

Grant Workbook

- ☒ -Project Administrative Page (Questions 1-10)
- ☒ -Project Narrative (Questions 11-13)
- ☒ -Project Justification (Questions 14 & 15)
- ☒ -Core Capabilities (Questions 16 & 17)
- ☒ -Milestones (Question 18)

Please be sure to only complete the following worksheets that pertain to your project.

- ☒ -Equipment Budget Narrative
 - ☒ -Equipment Description & Utilization
- ☐ -Training Budget Narrative & Detail Worksheet
- ☐ -Exercise Budget Narrative & Detail Worksheet
- ☐ -Planning Budget Narrative & Detail Worksheet
- ☐ -M&A Budget Narrative & Detail Worksheet
- ☐ -Organization Budget Narrative & Detail Worksheet
- ☐ -Memorandum of Understanding (if applicable)

Please check the following boxes if

- ☒ -Your agency is NIMSCAST Compliant

For more information on NIMSCAST:

<http://www.fema.gov/nimscast/index.jsp>

- ☒ -Your agency is registered with and participating in E-Verification Program

For more information on E-Verify

www.uscis.gov/E-Verify

The following tabs **MUST** be completed

- ☒ -Standard Data Collection Form
- ☒ -Financial System Survey
- ☒ -Budget Summary
- ☒ -Project Summary
- ☒ -FFATA Summary
- ☒ -Grant-Funded Typed Resource Report

The due date for this application is March 1, 2013 at 5:00PM. No late applications will be accepted. No incomplete applications will be accepted. There will be no opportunity for clarifications once the application has been submitted. To submit an application please click on the link below:

<http://www.azdohs.gov/application2013.asp>

Central Region, Phoenix UASI		East and West Regions, State Agencies		North and South Regions
Susan Dzubanko (602) 542-1777 sdzubanko@azdohs.gov		John Coughlin (602) 542-7012 jcoughlin@azdohs.gov		Maryann Loya (602) 542-7062 mloya@azdohs.gov

Grant Timeline

March 1, 2013 no later than 5:00 PM (Arizona Time) - Application due to AZDOHS.

March 4 - March 15, 2013 AZDOHS reviews grant applications.

March 18 - April 12, 2013 Applicable applications will be reviewed by Working Groups as necessary. Regional Advisory Councils will provide recommendations to the Director of AZDOHS.

TBD - AZDOHS Applications due to Federal DHS.

On or before September 2013 - Awards will be made to local jurisdictions and state agencies.

Grant Period - Start date will be determined by the date on the official award notice to Arizona.
from U.S. DHS. The local jurisdictions grant award period will not exceed 12 months.

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2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

FOR THIS SECTION BE SURE TO CHOOSE A PROGRAM

Grant #: Applicant: Gila County Sheriff's Office

Project Title: Gila County Payson Sub-Station Communication Project

Grant Program: SHSGP - STATE HOMELAND SECURITY GRANT PROGRAM

PROJECT ADMINISTRATIVE PAGE

1. Applicant: Gila County Sheriff's Office

Applicant Address:

Mailing Address: PO Box 311

City/State/Zip: Globe AZ 85502-1465

City: State: Zip+4 Code: <https://tools.usps.com/go/ZipLookupActionInput.action>

Head of Agency: Chief De Johnny Sanchez

Title: First Name: Last Name:

Phone #: 928-425-4449

E-Mail Address: jgsanchez@gilacountyaz.gov

Agency's Point of Contact Information: Lt Tim Scott

Title: First Name: Last Name:

Phone #: 928-468-2824

Cell Phone #: 928-595-4458

E-Mail Address: tscott@gilacountyaz.gov

2. Organization Type: County

3. Region or Entity: East Region

Program Initiatives

4a. Initiatives: Strengthen Interoperable Communications Capabilities

4b. Is this LETPA?:

5. Total Dollar Amount Requested: \$43,000

6. Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project. To learn more about the strategy visit this website:

<http://www.azdohs.gov/Grants/SHSS.asp>

1.1.0;1.1.1

7. Identify the primary National Priority that is supported by this project from the drop down box below.

NP5. Strengthen Interoperable Communications Capabilities

8. Is this project new or ongoing? If the project is ongoing, identify the corresponding projects and funding amounts for each year as applicable. Also, for the current grant cycle, please identify, if any, requests for funding from other funding sources i.e. EOC, EMPG etc.

This is a new project with no other funding sources identified

9. Can partial funding be accepted for this project? If so, at what specific dollar amount(s), items, and quantities? Be sure to list the order of priority.

yes: priority 1 installation of all new 1/2 inch harline cable for each antenna, all new antennas, ice bridge to communications shelter, new grounding bars installed on tower, outside building and inside building all connected to single grounding point \$22,000. priority 2, trenching and install conduits between comm shelter and main building for cat 5/6 ethernet and recorder feed lines \$5,000, Priority 3 relocation of existing radios and equipment into comm shelter with 2 more IP-224 and duplexer for jail repeater system \$16,000

10. Please list the multiple jurisdictions and/or disciplines served by this project. Include POC information for each partnering agency.

The Sheriff's Office Communications centers serves regional law enforcement, fire departments, tribal and other regional communications centers. None of the regional agencies are directly involved in this application as partners.

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PROJECT NARRATIVE

11. Provide a summary description (scope of work) for this project as well as a description of the need. Be sure to include how this project will support and enhance jurisdictional capabilities that are directly related to the Initiative identified on the previous tab under item 4. The character limit for this section is 1,000. Do not use any special characters such as a hyphen or apostrophe.

This project is to enhance the communications capability of the Sheriff's Office with our users to include local fire districts, tribal law enforcement and state communications partners. We currently have a dedicated communications shelter that was just completed and want to move all necessary equipment into the shelter and get the equipment out of a bad location which is subject to water disasters from broken pipes and put it in a secure limited access structure. populating the new tower will allow better separation between antennas and a greater ability to communicate with less interference.

12. What is the sustainability plan for this project/equipment?

Once completed, system maintenance will be provided by Sheriff's Office budget or through any grant funds identified or available.

13. Provide a summary of the current state of this project, its objectives and any outcomes to be completed prior to this funding. The character limit for this section is 1,000. Do not use any special characters such as a hyphen or apostrophe.

Grounding of the tower will be completed prior to grant funding use to proceed with finalization of project.

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PROJECT JUSTIFICATION

14a. Explain how this project supports the State Homeland Security Strategy.

To learn more about the State Homeland Security Strategy, refer to the following website:

<http://www.azdohs.gov/Grants/SHSS.asp>

The main State homeland Security Goal is to bolster Arizona's Communications Capability by enhancing functional regional systems in support of interoperable communications (Goal 1, Objective 1.1.0, Action Item 1.1.1). this project fulfills that goal by relocating the radio systems (that includes regional two-way communications and the AIRS interoperability channel) into a new permanent structure at the Sheriff's Office. This move will provide a secure and protected enviroment for all repeaters and equipment where it will not be subject to catistrophic failure as it is currently subjected to (ie waterline freezing and rupture). The move of all antennas will enhance user ability by seperating antennas to be more effective.

14b. Include how this project fits into one (or more) of the State Initiatives. Please refer to the "PROJECT ADMIN TAB" under Item 4. Provide any additional justification that supports this project. The character limit for this section is 1,000. Do not use any special characters such as a hyphen or apostrophe.

The goal of this project is to move the current radio system from where it is located (next to the boiler room at the Sheriff's Office) to a stand alone building where it is protected with less chance of catastrafic failure and the newer tower which is taller and has more flexibility in the locating of antennas

15. Describe in detail the goals and objectives of the proposed project. Be sure to address what your organization's current capabilities are, and how the current capabilities of your organization will be impacted or enhanced as a result of this grant. The character limit for this section is 1,000. Do not use any special characters such as a hyphen or apostrophe.

The goal of this project i to move the radio equipment into a protected limited access structure which will protect the existing equipment. The shelter is climate controlled and would allow better maintainance and security of system. The current tower is not grounded and moving of the antennas and related equipment will help keep any catostrophic failure from lightning strike.

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CORE CAPABILITIES

16. From the 31 Core Capabilities please identify, from the drop down menu, no more than three Core Capabilities supported by this project in priority order. Then enter the proposed amount of funding to be obligated for each Core Capability from this project. To access the Core Capabilities List click on the link below.

<http://www.fema.gov/pdf/prepared/npg.pdf>

<http://www.fema.gov/pdf/prepared/crosswalk.pdf>

Operational Communications

Enter Amount:

\$43,000

Choose Core Capabilities

Enter Amount:

\$0

Choose Core Capabilities

Enter Amount:

\$0

This amount should equal the total amount being requested for this project.

\$43,000

17. For each Core Capability selected, list the gap number as identified in the State Preparedness Report (SPR) that this project will address (Example gap number: Operational Communications, Equipment, 1- Acquire, maintain and sustain equipment). For each gap listed, provide a description of how this project will addresses that gap within your jurisdiction and/or region.

. Acquire, maintain and sustain equipment.

The core capability is to enhance the existing two-way communications as an asset to this agency for responding to disasters both natural and manmade.

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Gila County Sheriff's Office

Project Title: Gila County Payson Sub-Station Communication Project

18. Provide specific milestones for the project during the course of the performance period. Each milestone (up to 4) should provide a clear description of the projected outcome. Note: If this grant is awarded, the milestones, as identified below, are required to be fulfilled as part of the grant requirement. The grant performance period is 12 months and the projected funding cycle is October 2013 - September 2014. Extensions will only be considered under extenuating circumstances, and additional supporting documentation will be required. Do not use any special characters such as a hyphen or apostrophe.

Description:	Start Date	End Date
Obtain Board of Supervisor's approval to procede and arragne for vendor to begin project.	10/01/2013	12/31/2013

Description:	Start Date	End Date
Plan for population of new tower and connection to Communications shelter	01/01/2014	03/31/2014

Description:	Start Date	End Date
Move of current control stations and repeaters into new shelter	04/01/2014	06/30/2014

Description:	Start Date	End Date
cut-over system and finalize all work, complete billing	07/01/2014	09/30/2014

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Gila County Sheriff's Office

Gila County Payson Sub-Station Communication Project

AEL #	Item Description	Quantity Requested	Cost	Total Cost
06CP-03-TOWR ▾	population of tower, antennas, feedlins ice bridge & grounding	1	\$22,000	\$22,000
06CP-03-TOWR ▾	Trenching and conduit for ethernet cables and equipment	1	\$5,000	\$5,000
06CP-03-TOWR ▾	remove and reistall radio equip in new comm shelter	1	\$16,000	\$16,000
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
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1 - Select AEL # ▾		0	\$0	\$0
1 - Select AEL # ▾		0	\$0	\$0
			Total	\$43,000

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TRAINING - BUDGET NARRATIVE AND BUDGET DETAIL WORKSHEET

All training must be in accordance with and approved by the State Training POC, prior to any contracted services with training provider. Any grant funds used for Communications Unit training must be in compliance with the Arizona Communications Unit Training Coordination Procedure.

More information on the Arizona Communications Unit Training Coordination Procedure can be found at:

<http://azpsic.gov/library/standards/default.htm>

FEMA approved training class, course number, title and/or conference/training event:

<https://www.firstrespondertraining.gov>

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website, 5) estimated number of participants from your jurisdiction.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training address a gap identified in the SPR? List the gap number from the SPR and a description of how the training addresses that gap.

Mission Area	<input type="text" value="Choose Mission Area"/>	Training Level	<input type="text" value="Choose Training Level"/>			
Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	
<input type="text" value="0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
Total Cost for All Deliveries	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	Total <input type="text" value="\$0"/>

If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested.

Section 2

FEMA approved training class, course number, title and/or conference/training event:

<https://www.firstrespondertraining.gov>

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website, 5) estimated number of participants.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training enhance/sustain capabilities that support the UASI or SHSGP Strategy?

Mission Area	<input type="text" value="Choose Mission Area"/>	Training Level	<input type="text" value="Choose Training Level"/>			
Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	
<input type="text" value="0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
Total Cost for All Deliveries	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	Total <input type="text" value="\$0"/>

If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested.

Section 3

FEMA approved training class, course number, title and/or conference/training event:

<https://www.firstrespondertraining.gov>

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website, 5) estimated number of participants.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training enhance/sustain capabilities that support the UASI or SHSGP Strategy?

Mission Area Choose Mission Area

Training Level Choose Training Level

Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	
0	\$0	\$0	\$0	\$0	\$0	
Total Cost for All Deliveries	\$0	\$0	\$0	\$0	\$0	Total \$0

If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested.

Section 4

FEMA approved training class, course number, title and/or conference/training event:

<https://www.firstrespondertraining.gov>

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website, 5) estimated number of participants.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training enhance/sustain capabilities that support the UASI or SHSGP Strategy?

Mission Area Choose Mission Area

Training Level Choose Training Level

Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	
0	\$0	\$0	\$0	\$0	\$0	
Total Cost for All Deliveries	\$0	\$0	\$0	\$0	\$0	Total \$0

If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested.

Section 5

FEMA approved training class, course number, title and/or conference/training event:

<https://www.firstrespondertraining.gov>

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website, 5) estimated number of participants.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training enhance/sustain capabilities that support the UASI or SHSGP Strategy?

Mission Area Choose Mission Area

Training Level Choose Training Level

Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	
0	\$0	\$0	\$0	\$0	\$0	
Total Cost for All Deliveries	\$0	\$0	\$0	\$0	\$0	Total \$0

If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested.

Section 6

FEMA approved training class, course number, title and/or conference/training event:

<https://www.firstrespondertraining.gov>

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website, 5) estimated number of participants.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training enhance/sustain capabilities that support the UASI or SHSGP Strategy?

Mission Area Prevent

Training Level Awareness

Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	
0	\$0	\$0	\$0	\$0	\$0	
Total Cost for All Deliveries	\$0	\$0	\$0	\$0	\$0	Total \$0

If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested.

Section 7

FEMA approved training class, course number, title and/or conference/training event:

<https://www.firstrespondertraining.gov>

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website, 5) estimated number of participants.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training enhance/sustain capabilities that support the UASI or SHSGP Strategy?

Mission Area Choose Mission Area

Training Level Choose Training Level

Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	
0	\$0	\$0	\$0	\$0	\$0	
Total Cost for All Deliveries	\$0	\$0	\$0	\$0	\$0	Total \$0

If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested.

Section 8

FEMA approved training class, course number, title and/or conference/training event:

<https://www.firstrespondertraining.gov>

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website, 5) estimated number of participants.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training enhance/sustain capabilities that support the UASI or SHSGP Strategy?

Mission Area Choose Mission Area

Training Level Choose Training Level

Projected Number of Deliveries (1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	
0	\$0	\$0	\$0	\$0	\$0	
Total Cost for All Deliveries	\$0	\$0	\$0	\$0	\$0	Total \$0

If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested.

TOTAL TRAINING COSTS \$0 \$0 \$0 \$0 \$0 \$0 \$0

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EXERCISE - BUDGET NARRATIVE & BUDGET DETAIL WORKSHEET

Must be conducted in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP).

https://hseep.dhs.gov/pages/1001_HSEEP7.aspx

Each Exercise event must be explained in detail. Personnel dollar amounts must list out fringe benefits and costs. Fringe benefits on overtime hours are limited to FICA, Workers' Compensation, and Unemployment Compensation. **(Medicare is NOT a reimbursable cost for personnel Backfill/Overtime).** All Equipment associated with Exercise must be listed on the "Equipment Budget Narrative" page only. **The character limit for this section is 1,000.**

Travel, Lodging and Per Diem rates based on the Arizona Accounting Manual, that can be found at the following website:

<http://www.gao.az.gov/publications/SAAM/SAAM-2d-022008.pdf>

EXERCISE LEVEL: (Table Top, Functional, Full Scale)

EXERCISE DESCRIPTION: Provide a description of this exercise event. Each allowable exercise expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed: Personnel, Travel, and Supplies, etc. If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested.

Backfill Overtime	Contractors Consultants	Design Develop	Exercise Planning	Travel	Supplies	Total
\$0	\$0	\$0	\$0	\$0	\$0	\$0

EXERCISE LEVEL: (Table Top, Functional, Full Scale)

EXERCISE DESCRIPTION: Provide a description of this exercise event. Each allowable exercise expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed: Personnel, Travel, and Supplies, etc. If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested.

Backfill Overtime	Contractors Consultants	Design Develop	Exercise Planning	Travel	Supplies	Total
\$0	\$0	\$0	\$0	\$0	\$0	\$0

EXERCISE LEVEL: (Table Top, Functional, Full Scale)

EXERCISE DESCRIPTION: Provide a description of this exercise event. Each allowable exercise expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed: Personnel, Travel, and Supplies, etc. If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested.

Backfill Overtime	Contractors Consultants	Design Develop	Exercise Planning	Travel	Supplies	Total
\$0	\$0	\$0	\$0	\$0	\$0	\$0

Backfill Overtime	Contractors Consultants	Design Develop	Exercise Planning	Travel	Supplies	Total
\$0	\$0	\$0	\$0	\$0	\$0	\$0

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PLANNING - BUDGET NARRATIVE & BUDGET DETAIL WORKSHEET

Each Planning activity must be explained in detail. Refer to the link below for additional guidance and detailed information on allowable planning expenses/activities. Personnel dollar amounts must list out fringe benefits and costs. Fringe benefits on overtime hours are limited to FICA, Workers' Compensation, and Unemployment Compensation. (Medicare is NOT a reimbursable cost for personnel Backfill/Overtime). All Equipment associated with Planning must be listed on the "Equipment Budget Narrative" page only. The character limit for this section is 1,000.

Management & Administration and Planning Information:

http://www.azdohs.gov/Documents/Grants/HSGP_MAandPlanning1210.pdf

Travel, Lodging and Per Diem rates based on the Arizona Accounting Manual, that can be found at the following website:

<http://www.gao.az.gov/publications/SAAM/SAAM-2d-022008.pdf>

Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project.

Provide a description of this planning activity. Each allowable planning expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed: Personnel, Travel, and Materials, etc. If requesting conferences and workshops, provide the name and description of the conference(s) or workshop(s) requested. If requesting materials, you must provide a list and corresponding dollar amount for all materials requested.

Backfill and Overtime	Staff, Contractors, Consultants	Conferences and Workshops	Travel / Per Diem	Materials	Total
\$0	\$0	\$0	\$0	\$0	\$0

Select Associated Staff, Contractor, or Consultant Costs: Choose Planning Cost For Staff, Contractors, Consultants

Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project.

Provide a description of this planning activity. Each allowable planning expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed: Personnel, Travel, and Materials, etc. If requesting materials, you must provide a list and corresponding dollar amount for all materials requested.

Backfill and Overtime	Staff, Contractors, Consultants	Conferences and Workshops	Travel / Per Diem	Materials	Total
\$0	\$0	\$0	\$0	\$0	\$0

Select Associated Staff, Contractor, or Consultant Costs: Choose Planning Cost For Staff, Contractors, Consultants

Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project.

Provide a description of this planning activity. Each allowable planning expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed: Personnel, Travel, and Materials, etc. If requesting materials, you must provide a list and corresponding dollar amount for all materials requested.

Backfill and Overtime	Staff, Contractors, Consultants	Conferences and Workshops	Travel / Per Diem	Materials	Total
\$0	\$0	\$0	\$0	\$0	\$0

Select Associated Staff, Contractor, or Consultant Costs: Choose Planning Cost For Staff, Contractors, Consultants

Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project.

Provide a description of this planning activity. Each allowable planning expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed: Personnel, Travel, and Materials, etc. If requesting materials, you must provide a list and corresponding dollar amount for all materials requested.

Backfill and Overtime	Staff, Contractors, Consultants	Conferences and Workshops	Travel / Per Diem	Materials	Total
\$0	\$0	\$0	\$0	\$0	\$0

Select Associated Staff, Contractor, or Consultant Costs: Choose Planning Cost For Staff, Contractors, Consultants

PLANNING SUBTOTALS

Backfill and Overtime	Staff, Contractors, Consultants	Conferences and Workshops	Travel / Per Diem	Materials	Total
\$0	\$0	\$0	\$0	\$0	\$0

STATE OF ARIZONA
Department of Homeland Security

2013 STATE HOMELAND SECURITY GRANT PROGRAM PROJECT APPLICATION

Grant #:

Applicant:

Project Title:

ORGANIZATION - BUDGET NARRATIVE & BUDGET DETAIL WORKSHEET

Each Organization activity must be explained in detail. Personnel dollar amounts must list out fringe benefits and costs. Fringe benefits on overtime hours are limited to FICA, Workers' Compensation, and Unemployment Compensation. (Medicare is NOT a reimbursable cost for personnel Backfill/Overtime). All Equipment associated with Organization must be listed on the "Equipment Budget Narrative" page only. **The character limit for this section is 1,000.**

Travel, Lodging and Per Diem rates based on the Arizona Accounting Manual, that can be found at the following website:

<http://www.gao.az.gov/publications/SAAM/SAAM-2d-022008.pdf>

Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project.

Provide a description of this Organization activity. Each allowable organization expense category must be listed and a brief description provided of each item and how it will be utilized.

Overtime for Information,
Investigative and Intelligence
Sharing Activities

\$0

Select Operational Expenses
Associated with Increased Security
Measures at CI Sites as Declared by
Federal DHS.

\$0

New Staff Positions, Contractors,
or Consultants for Participation in
Information, Intelligence Analysis
and Sharing Groups or Fusion
Center Activities

\$0

Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project.:

Provide a description of this Organization activity. Each allowable organization expense category must be listed and a brief description provided of each item and how it will be utilized.

Overtime for Information,
Investigative and Intelligence
Sharing Activities

\$0

Select Operational Expenses
Associated with Increased Security
Measures at CI Sites as Declared by
Federal DHS.

\$0

New Staff Positions, Contractors,
or Consultants for Participation in
Information, Intelligence Analysis
and Sharing Groups or Fusion
Center Activities

\$0

Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project.:

Provide a description of this Organization activity. Each allowable organization expense category must be listed and a brief description provided of each item and how it will be utilized.

Overtime for Information,
Investigative and Intelligence
Sharing Activities

\$0

Select Operational Expenses
Associated with Increased Security
Measures at CI Sites as Declared by
Federal DHS.

\$0

New Staff Positions, Contractors,
or Consultants for Participation in
Information, Intelligence Analysis
and Sharing Groups or Fusion
Center Activities

\$0

TOTAL ORGANIZATION COSTS

TOTAL COSTS

2013 STATE HOMELAND SECURITY GRANT PROGRAM PROJECT APPLICATION

Applicant: Gila County Sheriff's Office

Project Title: Gila County Payson Sub-Station Communication Project

M&A COSTS ARE LIMITED TO 5% OF THE TOTAL AMOUNT OF THE PROJECT AWARD.

Each M&A activity must be explained in detail. Refer to the link below for additional guidance and detailed information on allowable M&A expenses/activities. Personnel dollar amounts must list out fringe benefits and costs. Fringe benefits on overtime hours are limited to FICA, Workers' Compensation, and Unemployment Compensation. (Medicare is NOT a reimbursable cost for personnel Backfill/Overtime). All Equipment associated with Organization must be listed on the "Equipment Budget Narrative" page only. The character limit for this section is 1,000.

http://www.azdohs.gov/Documents/Grants/HSGP_MAandPlanning1210.pdf

Travel, Lodging and Per Diem rates based on the Arizona Accounting Manual, that can be found at the following website:

<http://www.gao.az.gov/publications/SAAM/SAAM-2d-022008.pdf>

Provide a description of each M&A expense activity. Each allowable M&A expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed: Personnel, Travel, etc. If requesting materials, you must provide a list of all consummable materials requested.

Backfill Overtime	Personnel Contractors Consultants	Collection Plan Development for DHS Data Calls	Travel Lodging Per Diem	Meeting Expenses	Materials	Recurring Equipment Fees	Total
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Provide a description of each M&A expense activity. Each allowable M&A expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed: Personnel, Travel, etc. If requesting materials, you must provide a list of all consummable materials requested.

100

Backfill Overtime	Personnel Contractors Consultants	Collection Plan Development for DHS Data Calls	Travel Lodging Per Diem	Meeting Expenses	Materials	Recurring Equipment Fees	Total
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

							Total
M & A SUBTOTALS:	\$0	\$0	\$0	\$0	\$0	\$0	\$0

STATE OF ARIZONA
Department of Homeland Security

2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #:

Applicant: Gila County Sheriff's Office

Project Title: Gila County Payson Sub-Station Communication Project

APPLICATION - SUMMARY

FUNDING CATEGORIES	TOTAL
EQUIPMENT	\$43,000
TRAINING	\$0
EXERCISE	\$0
PLANNING	\$0
ORGANIZATION	\$0
M & A	\$0
APPLICATION TOTAL	\$43,000

Grant Number:
Application Number:

Arizona Department of Homeland Security
1700 West Washington Street, Suite 210
Phoenix, AZ 85007

Project Summary

Local Unit of Government:	Gila County Sheriff's Office
Award Amount:	\$43,000
Project Title:	Gila County Payson Sub-Station Communication Project
Project Description:	This project is to enhance the communications capability of the Sheriff's Office with our users to include local fire districts, tribal law enforcement and state communications partners. We currently have a dedicated communications shelter that was just completed and want to move all necessary equipment into the shelter and get the equipment out of a bad location which is subject to water disasters from broken pipes and put it in a secure limited access structure. Populating the new tower will allow better separation between antennas and a greater ability to communicate with less interference.
Project Type:	Develop/enhance interoperable communication systems
Primary Core Capability:	Operational Communications
HSGP Investment Supported:	Strengthen Communications Collaboration
HSGP Primary Goal:	Goal 5 - Respond to Incidents
HSGP Objective:	Increase the ability for Arizona's essential personnel to respond to locations as needed during incidents of c
Phoenix UASI Investment Supported:	Choose Primary Investment Supported
Phoenix UASI Primary Goal:	Choose a Phoenix UASI Goal
Phoenix UASI Objective:	Choose a Phoenix UASI Objective
Funding Source:	SHSGP - STATE HOMELAND SECURITY GRANT PROGRAM

2013 Budget Summary

Grant Number:

Is this LETPA? Yes

Application Number:

Allowable Planning Costs	SHSGP	UASI	Choose Primary Discipline
Developing hazard/threat-specific annexes that incorporate the range of prevention, protection, response, and recovery activities	\$0	\$0	<input type="text" value="Click Discipline"/>
Developing and implementing homeland security support programs and adopting ongoing DHS National Initiatives	\$0	\$0	<input type="text" value="Click Discipline"/>
Developing related terrorism prevention activities	\$0	\$0	<input type="text" value="Click Discipline"/>
Developing and enhancing plans and protocols	\$0	\$0	<input type="text" value="Click Discipline"/>
Developing or conducting assessments	\$0	\$0	<input type="text" value="Click Discipline"/>
Hiring of full- or part-time staff or contract/consultants to assist with planning activities (not for the purpose of hiring public safety personnel fulfilling traditional public safety duties)	\$0	\$0	<input type="text" value="Click Discipline"/>
Conferences to facilitate planning activities	\$0	\$0	<input type="text" value="Click Discipline"/>
Materials required to conduct planning activities	\$0	\$0	<input type="text" value="Click Discipline"/>
Travel/per diem related to planning activities	\$0	\$0	<input type="text" value="Click Discipline"/>
Overtime and backfill costs (IAW operational Cost Guidance)	\$0	\$0	<input type="text" value="Click Discipline"/>
Planning Totals	\$0	\$0	\$0
Allowable Organizational Activities	SHSGP	UASI	Choose Primary Discipline
Overtime for information, investigative, and intelligence sharing activities (up to 50 percent of the allocation)	\$0	\$0	<input type="text" value="Click Discipline"/>
Reimbursement for select operational expenses associated with increased security measures at critical infrastructure sites incurred during periods of DHS declared alert (up to 50 percent of the allocation)	\$0	\$0	<input type="text" value="Click Discipline"/>
Hiring of new staff positions/contractors/consultants for participation in information/intelligence analysis and sharing groups or fusion center activities (up to 50 percent of the allocation)	\$0	\$0	<input type="text" value="Click Discipline"/>
Organizational Totals	\$0	\$0	\$0
Allowable Equipment Categories	SHSGP	UASI	Choose Primary Discipline
01- Personal Protective Equipment	\$0	\$0	<input type="text" value="Click Discipline"/>
02- Explosive Device Mitigation and Remediation Equipment	\$0	\$0	<input type="text" value="Click Discipline"/>
03- CBRNE Operational Search and Rescue Equipment	\$0	\$0	<input type="text" value="Click Discipline"/>
04- Information Technology	\$0	\$0	<input type="text" value="Click Discipline"/>
05- Cyber Security Enhancement Equipment	\$0	\$0	<input type="text" value="Click Discipline"/>
06- Interoperable Communications Equipment	\$43,000	\$0	<input type="text" value="Law Enforcement"/>
07- Detection	\$0	\$0	<input type="text" value="Click Discipline"/>
08- Decontamination	\$0	\$0	<input type="text" value="Click Discipline"/>
09- Medical	\$0	\$0	<input type="text" value="Click Discipline"/>
10- Power	\$0	\$0	<input type="text" value="Click Discipline"/>
11- CBRNE Reference Materials	\$0	\$0	<input type="text" value="Click Discipline"/>
12- CBRNE Incident Response Vehicles	\$0	\$0	<input type="text" value="Click Discipline"/>
13- Terrorism Incident Prevention Equipment	\$0	\$0	<input type="text" value="Click Discipline"/>
14- Physical Security Enhancement Equipment	\$0	\$0	<input type="text" value="Click Discipline"/>
15- Inspection and Screening Systems	\$0	\$0	<input type="text" value="Click Discipline"/>
16- Agriculture Terrorism Prevention, Response, and Mitigation Equipment	\$0	\$0	<input type="text" value="Click Discipline"/>
17- CBRNE Prevention and Response Watercraft	\$0	\$0	<input type="text" value="Click Discipline"/>
18- CBRNE Aviation Equipment	\$0	\$0	<input type="text" value="Click Discipline"/>
19- CBRNE Logistical Support Equipment	\$0	\$0	<input type="text" value="Click Discipline"/>
20- Intervention Equipment	\$0	\$0	<input type="text" value="Click Discipline"/>
21- Other Authorized Equipment	\$0	\$0	<input type="text" value="Click Discipline"/>
Equipment Totals	\$43,000	\$0	\$43,000
Allowable Training Costs	SHSGP	UASI	Choose Primary Discipline
Overtime and backfill for emergency preparedness	\$0	\$0	<input type="text" value="Click Discipline"/>
Training workshops and conferences	\$0	\$0	<input type="text" value="Click Discipline"/>
Full- or part-time staff or contractors/consultants	\$0	\$0	<input type="text" value="Click Discipline"/>
Travel	\$0	\$0	<input type="text" value="Click Discipline"/>
Supplies	\$0	\$0	<input type="text" value="Click Discipline"/>
Training Totals	\$0	\$0	\$0
Allowable Exercise Related Costs	SHSGP	UASI	Choose Primary Discipline
Design, Develop, Conduct and Evaluate an Exercise	\$0	\$0	<input type="text" value="Click Discipline"/>
Exercise planning workshop	\$0	\$0	<input type="text" value="Click Discipline"/>
Full- or part-time staff or contractors/consultants	\$0	\$0	<input type="text" value="Click Discipline"/>
Overtime and backfill costs, including expenses for part-time and volunteer emergency response personnel participating in FEMA exercises	\$0	\$0	<input type="text" value="Click Discipline"/>
Implementation of HSEEP	\$0	\$0	<input type="text" value="Click Discipline"/>
Travel	\$0	\$0	<input type="text" value="Click Discipline"/>
Supplies	\$0	\$0	<input type="text" value="Click Discipline"/>
Exercise Totals	\$0	\$0	\$0
Allowable Management & Administrative Costs	SHSGP	UASI	Choose Primary Discipline
Hiring of full- or part-time staff or contractors/consultants to assist with the management of the respective grant program, application requirements, compliance with reporting and data collection requirements	\$0	\$0	<input type="text" value="Click Discipline"/>
Development of operating plans for information collection and processing necessary to respond to FEMA data calls	\$0	\$0	<input type="text" value="Click Discipline"/>
Overtime and backfill costs	\$0	\$0	<input type="text" value="Click Discipline"/>
Travel	\$0	\$0	<input type="text" value="Click Discipline"/>
Meeting related expenses	\$0	\$0	<input type="text" value="Click Discipline"/>
Authorized office materials	\$0	\$0	<input type="text" value="Click Discipline"/>
Recurring expenses such as those associated with cell phones and faxes during the period of performance of the grant program	\$0	\$0	<input type="text" value="Click Discipline"/>
Management & Administrative Totals	\$0	\$0	\$0
Grand Totals	\$43,000	\$0	\$43,000

**Arizona Department of Homeland Security
Financial Systems Survey**

Name of Organization: Gila County Sheriff's Office

Person completing survey: Lt. Tim Scott

Date: 2/26/2013

Email: tscott@co.gila.az.us

**PLEASE ANSWER EVERY QUESTION BY CHECKING THE APPROPRIATE BOX. ATTACH MATERIALS AND
DOCUMENT Comments AS REQUIRED.**

As stewards of federal and state funds, the Arizona Department of Homeland Security (AZDOHS) prefers to award funds to organizations (regardless of how small or large) that are both capable of achieving project goals/objectives and upholding their responsibility for properly managing funds as they achieve those objectives.

This survey will be used primarily for initial monitoring of the organization. This survey may also be used in evaluating the financial capability of the organization in the award process. Deficiencies should be addressed for corrective action and the organization should consider procuring technical assistance in correcting identified problems.

A. GENERAL INFORMATION

1. Has your organization received a Federal or State Grant within the last two years?

☒ Yes ☐ No

2. Has your organization received funding from the Arizona Department of Homeland Security within the past two years? If yes, specify the grant contract numbers (for OSGP awards prior to FFY08 simply state "Stonegarden" in the blank provided): SHSGP 444403-03

☒ Yes ☐ No

3. Has your organization been audited by an independent Certified Public Accountant within the past two years?

☒ Yes ☐ No

4. Has your organization completed an A-133 Single Audit within the past two years?

☒ Yes ☐ No

5. Has your organization been granted tax-exempt status by the Internal Revenue Service?

☐ Yes ☒ No

6. If you answered YES to question #5 under what section of the IRS code?

☐ 501 C (3) ☐ 501 C (4) ☐ 501 C (5) ☐ 501 C (6) ☐ Other

7. Does your organization have established policies related to salary scales, fringe benefits, travel reimbursement and personnel policies?

☒ Yes ☐ No

B. FUNDS MANAGEMENT

8. Which of the following describes your organization's accounting system?

☐ Manual ☐ Automated ☐ Combination

9. How frequently do you post to the General Ledger?

☐ Daily ☒ Weekly ☐ Monthly ☐ Other

10. Does the accounting system completely and accurately track the receipt and disbursements of funds by each

☒ Yes ☐ No

11. Does the accounting system provide for the recording of actual costs compared to budgeted costs for each budget line item?

☒ Yes ☐ No

12. Are time and effort distribution reports maintained for employees working fully or partially on state or federal grant programs which account for 100% of each employee's time?

☒ Yes ☐ No

13. Is your organization familiar with Federal Cost Principles (i.e. OMB Circular A-87, A-122 or A-21)?

☒ Yes ☐ No

C. INTERNAL CONTROLS

14. Are duties of the bookkeeper/accountant segregated from the duties of cash receipt or cash disbursement?

☒ Yes ☐ No

15. Are checks signed by individuals whose duties exclude recording cash received, approving vouchers for payment and the preparation of payroll?

☒ Yes ☐ No

16. Are all accounting entries and payments supported by source documentation?

☒ Yes ☐ No

17. Are cash or in-kind matching funds supported by source documentation?

☒ Yes ☐ No

18. Are employee time sheets supported by appropriately approved/signed documents?

☒ Yes ☐ No

19. Does the organization maintain policies which include procedures for assuring compliance with applicable Code of Federal Regulations and terms of each grant award?

☒ Yes ☐ No

D. PROCUREMENT

20. Does the organization maintain written codes of conduct for employees involved in awarding or administering procurement contracts?

☒ Yes ☐ No

21. Does the organization conduct purchases in a manner that encourages open and free competition among vendors?

☒ Yes ☐ No

22. Does the organization complete some level of cost or price analysis for every purchase?

☒ Yes ☐ No

23. Does the organization maintain files and other source documentation sufficient to detail the history of each purchase?

☒ Yes ☐ No

24. Does the organization maintain a system of contract administration to ensure contractor conformance with the terms and conditions of each contract?

☒ Yes ☐ No

25. Does the organization maintain written procurement policies and procedures?

☒ Yes ☐ No

Grant Number: Application Number:

Arizona Department of Homeland Security

Standard Data Collection Form

A. Agency Information

Project Title (if applicable): Gila County Payson Sub-Station Communication Project

Agency: Gila County Sheriff's Office

Amount Requested: \$43,000

Project Description:

This project is to enhance the communications capability of the Sheriff's Office with our users to include local fire districts, tribal law enforcement and state communications partners. We currently have a dedicated communications shelter that was just completed and want to move all necessary equipment into the shelter and get the equipment out of a bad location which is subject to water disasters from broken pipes and put it in a secure limited access structure. populating the new tower will allow better separation between antennas and a greater ability to communicate with less interference.

Address: PO Box 311

Globe

(City)

AZ

(State)

85502-1465

(Zip code)

County:

Gila

Authorized Individual:

Name

Johnny

(First Name)

Sanchez

(Last Name)

Position / Title:

Chief Deputy

Email:

jgsanchez@gilacountyaz.gov

Phone:

928-425-4449

Ext.

Employer Identification Number: 866000444

Agency Classification (This is based on your selection on the Project Administrative Page):

County

Have you previously conducted business with the State using this Employer Identification Number?

Yes

If No, Please go to the following website to download and complete the State of Arizona Substitute W-9 form. Please be sure to submit this form with your application.

http://gao.az.gov/onlineforms/forms/AZ_subw-9_010713-S&S.pdf

In which Congressional (Federal) District is your agency headquartered? Enter District #:

1

<http://www.azredistricting.org>

In which Legislative (State) District is your agency headquartered? Enter District #:

5

<http://www.azredistricting.org>

Approximately how much FEDERAL funding will your organization expend in your current fiscal year?

\$110,000

What is your organization's fiscal year-end date?

MM 06

DD 30

Does your organization undergo an annual independent audit in accordance with OMB Circular A-133?

Yes

Please provide contact information of the audit firm conducting your audit:

Agency: Miller and Allen & Co.

Address: 5333 North 7th St. Suite 100

(Address Line 1)

Phoenix

(City)

AZ

(State)

85014

(Zip code)

Phone Number:

602-264-3888

Fax:

602-230-0348

Arizona Department of Homeland Security

Standard Data Collection Form

B. Contact Information (Please copy this portion as many times as needed.)

Program Agency - Indicates person with primary contact with the Arizona Department of Homeland Security and is directly responsible for ensuring that the program plan is implemented. All future program correspondence will be sent to this person.

Fiscal Agency - Indicates person responsible for financial matters pertaining to this grant.

Collaborator - Indicates all persons/agencies that have been identified as a collaborator, partner, or host site as a requirement of this grant.

Agency Contact Type : **Program Agency**

Agency: **Gila County Sheriff's Office**

Address: **PO Box 311**

(Address Line 1)

1100 South St.

Globe

AZ

85502

(Address Line 2)

(City)

(State)

(Zip code)

County: **Gila**

Contact Person: **Tim**

Scott

(First Name)

(Last Name)

Position/Title: **Lieutenant**

Email: **tscott@co.gila.az.us**

Phone Number: **928-474-2824**

Ext.

Fax: **928-474-0614**

Agency Contact Type : **Fiscal Agency**

Agency: **Gila County Sheriff's Office**

Address: **PO Box 311**

(Address Line 1)

Globe

AZ

85502

(Address Line 2)

(City)

(State)

(Zip code)

County: **Gila**

Contact Person: **Nancy**

Neumann

(First Name)

(Last Name)

Position/Title: **Exec Admin Asst**

Email: **nneumann@co.gila.az.us**

Phone Number: **928-402-8579**

Ext.

Fax: **928-425-5674**

Agency Contact Type : **Select Contact Type**

Agency:

Address:

(Address Line 1)

(City)

(State)

(Zip code)

(Address Line 2)

County: **Select County**

Contact Person:

(First Name)

(Last Name)

Position/Title:

Email:

Phone Number:

Ext.

Fax:

Grant Number:

Application Number:

Arizona Department of Homeland Security

FFATA (Federal Funding Accountability and Transparency Act) Reporting Requirements

Name of Entity Receiving Award:	<input type="text" value="Gila County Sheriff's Office"/>		
Requested Amount:	<input type="text" value="\$43,000"/>	Awarded Amount:	<input type="text"/> (AZDOHS use only)
Funding Agency:	<input type="text" value="Arizona Department of Homeland Security"/>		
CFDA Number:	<input type="text" value="97.067"/>		
Project Title:	<input type="text" value="Gila County Payson Sub-Station Communication Project"/>		
Location:	City: <input type="text" value="Globe"/>	State: <input type="text" value="AZ"/>	Congressional District: <input type="text" value="1"/>
	Zip+4 Code: <input type="text" value="85502-1465"/>	http://www.azredistricting.org	
DUNS Number:	<input type="text" value="142370761"/>		
1) Is 80% or more of your annual gross revenues from Federal Awards?	<input type="text" value="Select Yes/No"/>		
2) Do you receive \$25 Million or more annually from Federal Awards?	<input type="text" value="Select Yes/No"/>		

If you answered YES to BOTH questions, you MUST provide the following:

Names and Total Compensation of Top Five paid executives:

1:	Name <input type="text"/>	Total Compensation <input type="text"/>
2:	Name <input type="text"/>	Total Compensation <input type="text"/>
3:	Name <input type="text"/>	Total Compensation <input type="text"/>
4:	Name <input type="text"/>	Total Compensation <input type="text"/>
5:	Name <input type="text"/>	Total Compensation <input type="text"/>

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Applicant: Gila County Sheriff's Office

Instructions and sample can be found on the AZDOHS website:
<http://www.azdohs.gov/Grants/index.asp#Forms>

Grant-Funded Typed Resource Report

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STATE OF ARIZONA
Department of Homeland Security

2013 STATE HOMELAND SECURITY GRANT PROGRAM PROJECT APPLICATION

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**Arizona Department of Homeland Security
FFY 2013
State Homeland Security Grant Program (SHSGP)
Regional Advisory Council (RAC) Scoring Tool***

Region _____
Reviewer _____

Score	All projects using the following scale
2	Project Fully Meets Criterion
1	Project Partially Meets Criterion
0	Project Does Not Meet Criterion

[illegible]

*This tool is to assist the RACs in their review and recommendation process.